



307359

POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT		I. IDENTIFICATION	
		01 STATE IND	02 SITE NUMBER 980500391
II. SITE NAME AND LOCATION			
01 SITE NAME (Legal, common, or descriptive name of site) Laporte Old City Dump		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER McClung Rd and Hwy 39	
03 CITY Laporte	04 STATE IN	05 ZIP CODE 46350	06 COUNTY Laporte
07 COUNTY CODE 127		08 CONG DIST 5	
09 COORDINATES LATITUDE 41° 37' 30"		LONGITUDE 86° 43' 30"	
10 DIRECTIONS TO SITE (Starting from nearest public road)			
III. RESPONSIBLE PARTIES			
01 OWNER (If known) City of Laporte		02 STREET (Business, mailing, residential) City Hall	
03 CITY Laporte	04 STATE IN	05 ZIP CODE 46350	06 TELEPHONE NUMBER (219) 362-2327
07 OPERATOR (If known and different from owner) Mayor of Laporte		08 STREET (Business, mailing, residential)	
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER ()
13 TYPE OF OWNERSHIP (Check one) <input type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input checked="" type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN			
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: ____/____/____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: ____/____/____ MONTH DAY YEAR <input checked="" type="checkbox"/> C. NONE			
IV. CHARACTERIZATION OF POTENTIAL HAZARD			
01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE ____/____/____ MONTH DAY YEAR <input type="checkbox"/> NO Several		BY (Check all that apply) <input checked="" type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____	
02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input checked="" type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION 1954 1984 <input type="checkbox"/> UNKNOWN BEGINNING YEAR ENDING YEAR	
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED			
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION Groundwater (population, environment) Unstable containment (population, environment) Surface Water (population, environment) Soil (environment)			
V. PRIORITY ASSESSMENT			
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input checked="" type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
VI. INFORMATION AVAILABLE FROM			
01 CONTACT George Oliver 80' / 4'		02 OF (Agency/Organization) Indiana State Board of Health	
03 TELEPHONE NUMBER 317 243-5038		04 PERSON RESPONSIBLE FOR ASSESSMENT Stephen Gentry	
05 AGENCY LPC	06 ORGANIZATION ISBH	07 TELEPHONE NUMBER 317 243-5039	08 DATE 9, 15, 84 MONTH DAY YEAR



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IND 980500391

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☒ A. GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

Water table is 15' - 20' depth due to the amount of leachate being generated at the site and the sandy soil, contamination of the groundwater is more than possible.

01 ☐ B. SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

A continuous problem with ponding water and leachate seeps making way to surface water. Several documents stating leachate has reached the surrounding wetlands. No final cover for 30 years.

01 ☐ C. CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

Violation for open burning.

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

Fires have been noted at site when open.

01 ☐ E. DIRECT CONTACT 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ F. CONTAMINATION OF SOIL 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 AREA POTENTIALLY AFFECTED: 4.03 04 NARRATIVE DESCRIPTION
(Acres)

Due to numerous leachate seeps and high porosity of soil, contamination of soils is a high potential. Unknown disposal practices for 20 years.

01 ☐ G. DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☒ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: 75 04 NARRATIVE DESCRIPTION

Area residents use same aquifer. Some secondary drinking water standards have been violated. Incomplete drinking water sampling to date.

01 ☐ H. WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 WORKERS POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ I. POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

Wetlands surrounding site serve a recreational purpose.



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IND 980500391

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☒ J. DAMAGE TO FLORA 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

Vegetation stress noted during inspections.

01 ☐ K. DAMAGE TO FAUNA 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION (Include name(s) of species)

01 ☒ L. CONTAMINATION OF FOOD CHAIN 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

Bioaccumulation of absorbing compounds due to leachate out cropping.

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
(Spills/runoff/standing liquids/leaking drums)
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

Leachate, observed drums open rusting, no proper cover.

01 ☐ N. DAMAGE TO OFFSITE PROPERTY 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

Poor geology for a landfill.

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

7-27-76, a violation letter written by ISBH for excepting hazardous waste.

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

Site was brought into some compliance in 1984. (Closed)

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

No control when city leased property to Best Way Services (74-79). City of Laporte operated open dump with unrestricted access. 1954-1974 State had to pursue an Agreed Order to get cooperation.

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)

ISBH files, LPC.
Site inspection report by EPA, July 23, 1981.

EXECUTIVE SUMMARY

EPA ID# IND980500391

WINDSHIELD SURVEY YES X NO

Original Company Name: Laporte Old City Dump

Revised Company Name: _____

Alias Names: McClung Rd. Dump

Original X Address: McClung Rd & Hwy 39

Corrected _____ Laporte, IN 46350

Laporte County

Landfill Generator Treatment, Storage, Disposal (TSD)

Transporter X Other: Open dump.

PRIORITY ASSESSMENT:

X HIGH MEDIUM LOW NO FURTHER ACTION (NONE)

CLASS:

I-STATE LEAD X II-REM/FIT LEAD III-REM/FIT LEAD IV OTHER:
State Accompanies Limited On-site
FIT State Involvement

State Priority Assessment Justification: There are no records to summarize a waste quantity. Complicated with violations for poor practices, no access restriction, recurring hazardous waste and illegal disposal practices indicates a site inspection is warranted again.

State Comments Re: PA SI Follow-up SI RPS HRS
A complete sampling strategy needs to be developed and implemented to ascertain information needed to truly understand the environmental impact of this site.

STATE INVOLVEMENT

COMPLETE DOCUMENTS:

X Preliminary Assessments
Site Inspection
Follow-up Site Inspection
Responsible Party Search
Hazard Ranking System (HRS)

REVIEW DOCUMENTS:

Preliminary Assessments
X Site Inspection
X Follow-up Site Inspection
X Responsible Party Search
X Hazard Ranking System (HRS)

Prepared by: Stephen Gentry

Phone: (317)243-5039

Date: 9/15/84